

# STATE OF GEORGIA GEORGIA TECHNOLOGY AUTHORITY

ADDENDUM NUMBER: <u>06</u> DATED: <u>April 12, 2001</u>

REQUEST FOR PROPOSAL NUMBER GTA-000011 FOR:

# The Georgia Department of Community Health and The Board of Regents of the University System of Georgia Third Party Administration and System Integration

The attached information is made a part of this RFP. The purpose of this addendum is to provide the following:

- 1) Revisions and additions to the RFP and Appendices, as summarized in the attached Table of Amendments; and
- 2) Amended and/or replacement sections of the RFP and/or Appendices, as identified in the attached Table of Amendments and attached to this notice.

# Information concerning this solicitation may be found at: <a href="http://www.gagta.com">http://www.gagta.com</a>

Then select "Request for Proposal", "Submit", "Edit", "Find in Page", enter RFP number, "Find Next", double click "Specifications". This will have RFP Q&A and any clarifications, schedule changes, and other important information.

### Bidders should check these electronic pages daily!

Note: Review Carefully!

In the event of a conflict between the previously released information, either in the RFP or in associated documents such as the Question and Answer matrix, and the information contained herein, the information in this amendment shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

Company Name:		
Contact Name:		
Title:		
Address:		
Telephone:	Fax:	
E-mail:		

### 2

# **REQUEST FOR PROPOSAL NUMBER GTA-000011**

Fo

The Georgia Department of Community Health and The Board of Regents of the University System of Georgia

# **Table of Amendments**

Amer	Amendment	Amended Document		Document Location	ocation	
No.	Date	Document	Page(s) <sup>1</sup>	Section No.	Section Heading	New or Revised Text is Highlighted in Green
9	4/12/01	RFP	&	1.1.2.4	Simplification of Program Administration First paragraph, 4 <sup>th</sup> sentence	Please note that the BOR Dental Indemnity Network, currently managed by Blue Cross Blue Shield of Georgia (BCBSGA) is within scope of this procurement. Please revise the 4 <sup>th</sup> sentence of the first paragraph of Section 1.1.2.4 as follows:  The vendors supporting BORHP include Magellan/Greenspring; mental health and substance abuse for the indemnity plan; MedCall (via UniCare); UniCare utilization management; the Joint Venture; and BCBSGA managing the BORHP Dental Indemnity Network.

<sup>&</sup>lt;sup>1</sup> This is the page number in the RFP issued on the GTA website on 02/14/01.

Amended Document	_ +		Document Location	ocation	
Document Pa	Pa	Page(s)1	Section No.	Section Heading	New or Revised Text is Highlighted in Green
RFP At me Amendment pay	At me pa	Attach- ment 3, page 24	1.1.4.2	Compensation for Services	Please add this sentence to amended Section 1.1.4.2, next to last sentence on page 24 of Amendment 1:  This data may be provided as real-time messaging between the MIS and LicenseEase. LicenseEase is the Composite State Board of Medical Examiners licensing system, which additionally is utilized by Medicaid and PeachCare for Kids as a provider credentialing system for participation in the GBHC program.
RFP 3	6.	31	2.2.3	Board of Regents Health Plan	Add the following bullet to the list of current BORHP vendor contracts:  BORHP Indemnity Dental Network—BCBSGA currently manages an indemnity network of preferred dental providers who provide services to BORHP members at favorable discounts to the BOR.
RFP 3	3	32	2.2.3	Current BORHP Transaction Flow	Please see replacement flowchart provided in Attachment 1; this revised flowchart depicts the fact that Blue Cross Blue Shield of Georgia currently manages an indemnity dental provider network for BORHP.

$\forall$	H
	ı

Ame	Amendment	Amended Document		Document Location	ocation	
No.	Date	Document	Page(s)1	Section No.	Section Heading	New or Revised Text is Highlighted in Green
9	4/12/01	RFP	62	5.3	Evaluation of Technical Proposal	Revise the first sentence of the first paragraph, as follows:
					First paragraph, first sentence	The Evaluation Committee will allocate up to 1,040 1,000 points to each bidder meeting the proposal minimum submission requirements.
9	4/12/01	RFP	62	5.3	Evaluation of Technical Proposal	Delete the last sentence of the first paragraph, as follows:
					First paragraph, last sentence	Forty (40) additional points may be awarded for bidders who comply with the Minority Business Policy and Tax Incentives Requirements described in Section 6.10.
9	4/12/01	RFP	08	5.3	Evaluation of Technical Proposal	Delete the last row in the table on page 80 describing proposal scoring categories and point allocations, as follows:
						9. Additional possible points awarded for Minority Business Policy and Tax Incentive (See Section 6.10). 40 points.

Ame	Amendment	Amended Document		Document Location	ocation	
No.	Date	Document	Page(s) <sup>1</sup>	Section No.	Section Heading	New or Revised Text is Highlighted in Green
9	4/12/01	RFP	09	4.8.2.2	Management of Other DCH	Please add the following to the list of issues in Section 4.8.2.2
						<ul> <li>Providing necessary data extracts to other DCH vendors (for example, to ESI for Pharmacy Benefits Management and to MEDSTAT for the Decision Support System) as required.</li> </ul>
9	4/12/01	Appendix I		N/A	Performance Standards and Goals	Please see attachment 2, replacement Appendix I, Performance Standards and Goals
9	4/12/01	Appendix Q	N/A	N/A	BOR System Description	Please see attachment 3, Appendix Q, BOR System Description
9	4/12/01	4/12/01 Appendix N	N/A	N/A	Contract	Complete replacement (red-lined version) of the Contract
9	4/12/01	Appendix N		Exhibit E	Exhibit E of the Contract	Added Exhibit E as a schedule to the Contract.

### Attachment 1

### **Current BORHP Transaction Flow**

### **Pharmacy POS**

Claims Eligibility Verification Pricing

### **Express Scripts**

Receives eligibility updates Adjudicate claims Maintains drug price file

### **MEDSTAT**

DSS Vendor Receives monthly paid claims data and quarterly enrollment data from claims administrator for analysis and reporting

### **National PPO Network**

Overlay of providers
Sends provider updates to claims
administrator

### **Board of Regents**

Provides daily eligible member addition/deletion/ changes file to Claims Administrator Provides facility DRG and other pricing for in and out-of-network services

### **Claims Administrator**

Maintains eligibility file
Processes all medical, dental and mental health claims
Performs customer service for claims and benefit
information

Adjudicates and issues payment for claims
Develops and maintains medical policy
Manages a preferred dental provider indemnity network

### UniCare

Coordinates/ manages care and treatment of non-mental health and substance abuse conditions Provides 24/7 nurse triage. Certifies medical necessity **Precertifies** mental health services/ substance abuse treatment for the indemnity plan

# Joint Venture

Provides PPO network management and fees for professional and hospital services

### Magellan Behavioral Health

For PPO members, coordinates and manages care and treatment of mental health conditions and substance abuse Maintains behavioral health provider network Issues certifications of medical necessity

### **Appendix I—Performance Standards and Goals**

### **Performance Standards and Incentives**

The Prime Contractor will be subject to meeting performance standards. A comparison of the Prime Contractor's performance against these standards will be made periodically at a frequency to be specified by the DCH/BOR, but not more frequently than monthly. Depending on its level of performance, the Prime Contractor may either be assessed liquidated damages or reductions in reimbursement, or may be paid incentive payments, as specified in this **Appendix I** and in the contract **Appendix N**.

More specifically, if the Prime Contractor fails to meet minimum standards of performance, then DCH may assess liquidated damages and/or reductions in reimbursement, as described below. Note that DCH may recover liquidated damages as set for in this Appendix and compensatory damages either by withholding them from payments to the Prime Contractor or by recovering them from the Prime Contractor. For the purpose of this Appendix, compensatory damages means the cost of interim services provided by the incumbent vendor, or in the sole and absolute discretion of DCH as a substitute vendor, for all Plans and any penalties assessed by the Federal government. If the Prime Contractor owes monies to the state, incentive payments will first be used to reduce the amount owed to the state prior to being dispersed to the Prime Contractor. In the event that the Prime Contractor is not eligible for incentive payments, monies owed to the state will be deducted from the Prime contractor's invoice.

Further, in certain cases as described below, if the Prime Contractor achieves outstanding levels of performance, then DCH may make incentive payments to reward the Prime Contractor for that performance.

DCH may recover either liquidated damages or reductions in reimbursement either by withholding payments to the Prime Contractor or by recovering them from the Prime Contractor. If the Prime Contractor owes monies to the state, incentive payments will first be used to reduce the amount owed to the state prior to being dispersed to the Prime Contractor. In the event that the Prime Contractor is not eligible for incentive payments, monies owed to the state will be deducted from the Prime Contractor's invoice.

The Prime Contractor will be expected to implement and operate an ongoing program for measuring and reporting its performance and the performance of its subcontractors to the DCH/BOR against these standards. The DCH/BOR will specify standard performance measurement reports to be prepared by the Prime Contractor's quality assurance staff. The DCH/BOR may also audit these reports or have a qualified third party perform audits of Prime Contractor performance at its sole discretion. These audits may be used to

validate the results of the Prime Contractor audit. The Prime Contractor will be accountable for resolving any disagreements between the Prime Contractor and the independent auditor that arise from an independent audit.

Further, as explained below under "Cost Savings Incentives," the DCH/BOR will provide incentives to the Prime Contractor to help the DCH/BOR reduce costs.

# Implementation and Systems Architecture Performance Guarantee

### I. Intent

The intent of this section is to establish measurable goals for the timely and successful implementation of the claims administration capabilities, including the attainment of the key procurement objectives described in Sections 1 and 3 of the RFP.

**NOTE:** The performance standards depicted below in Section II <u>apply specifically</u> to the timeliness and success with which the contractor implements claims <u>administration capabilities</u>. Note that these standards are somewhat less stringent than those depicted later under the section titled "Claims Administration Performance Guarantee."

### II. Performance Standards

Each of the following Performance Standards will be measured separately for the SHBP, BORHP, and Medicaid/PeachCare for Kids.

A. Goal: Successful implementation of ongoing support for Medicaid and PeachCare for Kids claims administration and customer services by October 1, 2002.

The consequences for failure to successfully implement will equal liquidated damages of \$10,000 per day. For the purposes of this performance standard, "successful implementation" means attainment of all of the following objectives in each month of Medicaid and PeachCare for Kids production operations:

Performance Standard for Claims Admini		-		• • • • • • • • • • • • • • • • • • • •
Medicaid/PeachCare Performance Standard	October 2002	November 2002	December 2002	January 2003 and each month or quarter thereafter
Financial Accuracy		97%		98%
Claim Payment Accuracy		93%		95%
Claims Throughput	90%	100%	100%	100%

Performance Standar		-		
Medicaid/PeachCare Performance Standard	October 2002	November 2002	December 2002	January 2003 and each month or quarter thereafter
Autopay Rate	70%	80%	80%	80%
Customer Service Support Performance Standard 1	60%	70%	70%	70%
Customer Service Support Performance Standard 3	10%	7.5%	5.0%	5.0%
Customer Service Support Performance Standard 4	3%	2%	2%	2.0%

"Financial Accuracy," "Claim Payment Accuracy," and "Customer Service Support Performance Standards 1, 3, and 4" are defined below under "Claims Administration Performance Guarantee." Note that for performance standard purposes, financial accuracy and claims payment accuracy are measured quarterly.

"Claims Throughput" means the number of claims paid, denied, or properly suspended as a percentage of the average claims receipts to be processed by the Prime Contractor at the time of implementation.

"Autopay Rate" means the number of claims that are automatically paid or denied by the system and do not require suspension or intervention by claims examiners.

B. Goal: Successful implementation of ongoing support for SHBP claims administration and customer services on or before July 1, 2003, and substantial performance of BORHP claims administration and customer service on or before January 1, 2004.

The consequences for failure to successfully implement will equal liquidated damages of \$10,000 per day. For the purposes of this performance standard, "successful implementation" means attainment of all of the following objectives in each month of SHBP and BORHP production operations:

	ms Adminis	tration and C	mentation and ustomer Servi ry 1, 2004 (BO	ces
SHBP/BORHP	July 2003 January	August 2003 February	September 2003 March	October 2003 April 2004 and each month or
Performance Standard	2004	2004	2004	quarter thereafter
Financial Accuracy		97%		98%
Claim Payment Accuracy		93%		95%

# Performance Standards For Successful Implementation and Ongoing Support for Claims Administration and Customer Services by July 1, 2003 (SHBP), or January 1, 2004 (BORHP)

SHBP/BORHP Performance Standard	July 2003 January 2004	August 2003 February 2004	September 2003 March 2004	October 2003 April 2004 and each month or quarter thereafter
Claims Throughput	90%	100%	100%	100%
Autopay Rate	40%	50%	50%	50%
Customer Service Support Performance Standard 1	60%	70%	70%	70%
Customer Service Support Performance Standard 3	10%	7.5 %	5.0%	5.0%
Customer Service Support Performance Standard 4	3%	2%	2%	2.0%

C. Goal: Access and ability to consolidate all DCH production data for all populations other than the BOR on a real-time basis by October 1, 2003. Access and ability to consolidate all BOR production data with data from the other DCH populations on a real-time basis on or before January 1, 2004.

The consequences for failure to provide the ability to consolidate at least eligibility and claims data (both current values and history) in real-time for all support populations will equal liquidated damages of \$10,000 per day of delay.

D. Goal: Achieve HIPAA compliance for Transaction and Code Sets Standards and produce an implementation work plan with a critical path for achieving timely privacy, security, and identifiers standards compliance for Medicaid and PeachCare for Kids health plan operations by October 1, 2002; HIPAA compliance for SHBP by the time of implementation (but not later than July 1, 2003); and HIPAA compliance for BORHP on or before January 1, 2004.

The consequences for failure to achieve compliance will equal payment of all fines and penalties assessed by HCFA for lack of compliance.

E. Goal: Provide single, electronic point of entry for all HIPAA transactions, including web-based interactive and system-to-system interfaces. Availability of this single, electronic point of entry should be made available as follows: for all Medicaid and PeachCare members and providers by October 1, 2002; for all SHBP members and providers by the time of implementation, but no later than July 1, 2003; and for all BORHP members and providers no later than January 1, 2004.

The consequences for failure to provide such support will equal liquidated damages of \$1,000 per day of delay for each HIPAA transaction not supported via a single electronic point of entry.

F. Goal: Achieve certification of the information systems used by the Prime Contractor to support DCH's health plan operations as a "Medicaid Management Information System" (MMIS) by the HCFA by the time HCFA evaluates the information systems (expected to occur in the first or second quarter of 2003). NOTE: DCH recognizes that, given that this procurement is seeking innovative and creative information systems and architectures, the systems implemented may not meet traditional definitions of an MMIS. Given this, DCH will commit to work in good faith with the Prime Contractor to negotiate a revised, suitable definition of an MMIS with HCFA.

The consequences for failure to achieve full or partial MMIS certification will equal 50 percent of the loss of federal funding under the Federal Funding Program (FFP) of the Design, Development, and Implementation (DDI) costs.

G. Goal: Implementation of the MEMS replacement system by 7/01/2002

The consequences for failure to implement the MEMS replacement system support will equal liquidated damages of \$10,000 per day of delay.

H. Goal: Provision of Open Enrollment support for SHBP and BORHP by the dates indicated in RFP Section 3.5, Deadlines.

The consequences for failure to provide Open Enrollment support will equal liquidated damages of \$10,000 per day of delay.

### **Management of Subcontractors Performance Guarantee**

### I. Intent

The intent of this section is to establish quantifiable methods of measuring the effectiveness of the Prime Contractor's management of the DCH/BOR's overall health plan operations, including the Prime Contractor's subcontractors. Further, it is the intent of this section to provide the Prime Contractor with incentives to implement successful cost savings initiatives by making incentive payments based upon those savings to the Prime Contractor.

### II. Performance Standards, Consequences, and Cost Savings Incentives

Each of the following Performance Standards will be measured separately for the SHBP, BORHP, and Medicaid/PeachCare for Kids.

### A. Effectiveness Measure: Member and Provider Satisfaction

Performance Standard: DCH and the Prime Contractor will agree upon a member and provider satisfaction survey employing Likert-type scales. After the first six months of operation for a given population (i.e., Medicaid and PeachCare for Kids or SHBP and BORHP), member and provider satisfaction survey results will show levels of satisfaction for the service support aspects of the program. The levels of satisfaction with these services must be at least as high as three months before the Prime Contractor initiates support for the population. Subsequently, satisfaction surveys conducted every six months will show statistically measurable (using a 10 percent level of significance in a single-tailed test) improvements in satisfaction. The DCH/BOR and the Prime Contractor will agree on a mutually acceptable survey instrument, sample process, and survey timeframe. The survey will be performed, and the results will be tabulated and reported directly to the DCH/BOR by an independent third party. The cost of the survey should be included in the Prime Contractor's administrative fees.

The consequences for failure to meet the standard will result in the assessment of liquidated damages in the amount of five percent of the Fee for Managing Contractors for the relevant benefit programs for the measured six-month period. (Note: DCH acknowledges that it is possible that, over time, it may become infeasible to continue to significantly increase levels of satisfaction once excellent levels of satisfaction are achieved, which will be defined by DCH and the Prime Contractor when the survey instrument, sample process, and survey timeframe are designed. If this occurs, DCH will not assess this fee reduction.)

However, if the Prime Contractor achieves statistically measurable improvements in satisfaction using a 5 percent significance level in a single-tailed test, then the Prime Contractor will receive an additional payment equal to five percent of the Fee for Managing Contractors for the relevant benefit programs for the measured six-month period.

### B. Effectiveness Measure: Use of Management Best Practices

Performance Standard: Prime Contractor will comprehensively employ management best practices for all health plan operations and contractors under its responsibility, including the use of:

- Steering Committee meeting at least monthly;
- Operations Committee meeting at least weekly by phone and monthly face-toface;
- Comprehensive work plans, issue and decision tracking system, and written weekly updates to the DCH/BOR management; and
- Comprehensive communications and documentation strategy, including use of web-based document server.

The consequences for failure to meet standard will equal five percent of the Fee for Managing Contractors for the measured monthly period, unless DCH previously approves deviations from this standard in writing.

### III. Cost Savings Incentive Payments

On an on-going basis, DCH may ask the Prime Contractor to implement cost savings initiatives. To the extent that these initiatives are able to produce significant, measurable net cost savings, DCH may request that the Prime Contractor reduce its fees in recognition of those net cost savings. However, as an incentive to the contractor to effectively implement the cost savings initiatives, DCH will make incentive payments equal to five (5) percent of the administrative (i.e., non-medical) net cost reductions to the DCH/BOR achieved by the Prime Contractor and passed through to DCH. Assuming that these initiatives continue to produce cost savings over time, then the Prime Contractor will receive these incentive payments for the life of the contract, or as long as the initiative is still relevant to accomplishing the overall DCH/BOR business function, whichever is achieved first.

Cost savings initiatives occur after the system has been implemented and is in operation. DCH will consider paying for proposals from the Prime Contractor that are aimed at providing DCH with Prime Contractor vendor administrative cost savings, which include a reduction in the monthly fee paid to the prime contractor. As stated in the RFP, DCH will share 5 percent of the administrative savings with the Prime Contractor for accepted proposals.

DCH will negotiate reductions in the Prime Contractor's fees that are the result of cost savings initiatives. If DCH requests the vendor to reduce fees for cost savings initiatives, an amendment to the contract will be created for signature.

### **Claims Administration Performance Guarantee**

### I. Intent

The intent of this section is to establish quantifiable expectations relative to specific areas of plan claims administration. The Prime Contractor's performance against these expectations can then be factored into the DCH/BOR's analysis of administration quality.

The Prime Contractor and the DCH/BOR agree to the following consequences for failure to achieve the performance targets and resulting administration fee charge adjustments as provided for in the Agreement. Results will be calculated from monthly or quarterly (as specified below) performance guarantee audits to be conducted by the Prime Contractor. All claims accuracy audits shall consider a stratified random sample of a sufficient number of the total claims processed during the applicable month to produce the levels of precision and statistical significance specified below, selected using the Neyman allocation method for stratified

sampling, or another methodology previously approved by the DCH/BOR. The Prime Contractor will present the results of its audit within 15 calendar days following the end of the month.

The results of each monthly audit will be reviewed in detail with the DCH and BOR prior to final calculation of performance results. Each party will be given an opportunity to address any error and either concur or disagree with the findings of the audit. A third party, who is agreeable to both parties, may be used to decide whether or not an error will be charged if the DCH and/or the BOR and Prime Contractor cannot agree on any single item.

The DCH may reduce the value of administration fee payments to the Prime Contractor either prospectively or retrospectively at the DCH/BOR's sole discretion to the extent that the Prime Contractor is subject to consequences under the contract for failing to meet one or more performance standards during a given time period. Financial consequences will be based on a percentage of the administration fees due to the Prime Contractor for the same billing month(s) for which performance was measured.

### II. Performance Standards

Each of the following Performance Standards will be measured separately for the SHBP, BORHP, and Medicaid/PeachCare for Kids. In most cases, both a "Minimum Performance Standard" and a higher "Incentive Payment Performance Standard" are listed. As described in the introduction to Appendix I, failure to meet a Minimum Performance Standard may result in a reduction in reimbursement, while achievement of an Incentive Payment Performance Standard will result in the payment of an incentive payment to the Prime Contractor.

### A. Financial Accuracy

Minimum Performance Standard: 99 percent

Incentive Payment Performance Standard: 99.5 percent or higher

Financial Accuracy percentage will be calculated as the weighted average of absolute dollars paid correctly as determined by a financially stratified sampling methodology. The Neyman allocation method for stratified sampling will be used to provide a level of precision of 0.5 percent at the 95 percent confidence interval over a three-month period. For performance standard purposes, this standard will be measured over the course of each calendar quarter; the point estimator of Financial Accuracy for this time period will be used to determine reductions or increases in payments to the Prime Contractor.

### B. Claim Payment Accuracy

Minimum Performance Standard: 97 percent

Incentive Payment Performance Standard: 98.5 percent or higher

RFP # GTA-000011 Amendment #6 April 12, 2001 Claim Payment Accuracy percentage will be calculated as the weighted average of claims paid correctly as determined by the financially stratified sampling methodology described under A. Financial Accuracy. Only underpaid or overpaid claims which result solely from the failure of the Prime Contractor to properly process same are considered in this calculation. A single claim will be deemed to have no more than one error for calculating this accuracy category. For performance standard purposes, the measurement will be computed each calendar quarter and the point estimator of Claim Payment Accuracy for this time period will be used to determine reductions or increases in payments to the Prime Contractor.

NOTE: In the event of an identified overpayment caused by the Prime Contractor, the DCH/BOR will request payment directly from the Prime Contractor and will require the Prime Contractor to recoup the funds from the providers.

### C. Claim Turnaround Time:

Minimum Performance Standard 1: 100 percent of Clean Claims paid or

denied within 14 days of receipt

Minimum Performance Standard 2: 99 percent of all Claims paid or

denied within 30 calendar days of

receipt

Incentive Payment Performance Standard: No Incentive Payment Performance

Standard has been set

The calculation for the Claim Turnaround Time percentage will be measured on the percentage of all Clean Claims processed within the number of calendar days from the date of receipt as listed above. Performance Standard will be tolled with respect to a claim during the period the claim is suspended for information outside the Prime Contractor's claims processing system or scope of responsibility or control (i.e., review by other organizations not integrated into processing system). A "Clean Claim" means a claim that is properly completed and contains all required data elements necessary for processing.

### D. Customer Service Support

For all provider and member calls:

Minimum Performance Standard 2:

Minimum Performance Standard 1: 80 percent or more of calls

answered within 30 seconds

Incentive Payment Performance Standard 1: 90 percent or more of calls answered within 30 seconds

90 percent of open inquiries responded to adequately and

closed within 72 hours.

Incentive Payment Performance Standard 2: 95 percent or more of open

inquiries responded to adequately and closed within 72 hours.

Minimum Performance Standard 3: abandoned rate of calls is not

more than three percent.

Incentive Payment Performance Standard 3: abandoned rate of calls is two

percent or less.

Minimum Performance Standard 4: busy out rate is not more than

one percent.

Incentive Payment Performance Standard 4: busy out rate is zero percent.

For all written correspondence:

Minimum Performance Standard: 100 percent of written

correspondence is mailed to the provider or member with adequate answers within 72

hours.

Incentive Payment Performance Standard: 100 percent of written

correspondence is mailed to the provider or member with adequate answers within 24

hours.

For all e-mail or electronic responses to provider and member queries:

Minimum Performance Standard: 100 percent of all e-mail or other

electronic responses to provider

and member queries are

completed with adequate answers

within 72 hours.

Incentive Payment Performance Standard: 100 percent of all e-mail or other

electronic responses to provider

and member queries are

completed with adequate answers

within 24 hours.

Consequences for Failure to Meet Minimum Performance Standard or Additional Payment for Meeting Incentive Payment Performance Standard:

RFP # GTA-000011 Amendment #6

16

Performance Measure	Reduction <u>or</u> <u>Increase*</u> in Prime Contractor Monthly Invoice
Financial Accuracy	2.5%
Claim Payment Accuracy	1.5%
Claim Turnaround Time 1	1.5%**
Claim Turnaround Time 2	1.5%**
Customer Service Support 1	2.0%
Customer Service Support 2	2.0%
Customer Service Support 3	1.0%
Customer Service Support 4	1.0%
Customer Service Support–Written Correspondence	1.0%
Customer Service Support–Electronic Correspondence	1.0%

### Notes to Table:

- \* To be eligible for an incentive payment, the Prime Contractor must have instituted accurate and credible measures of its performance, with the approval of DCH
- \*\* No Incentive Payment Performance Standard has been set for this item

The failure to meet a Minimum Performance Standard, as specified herein, will result in a reduction in the Prime Contractor's monthly invoice(s) as shown above for the relevant benefit program (Medicaid/PeachCare for Kids, SHBP, or BORHP). The DCH/BOR will receive credit for the assessed sum.

Success in meeting an Incentive Payment Performance Standard, as specified herein, will result in an increase in the Prime Contractor's monthly invoice as shown above for the relevant benefit program (Medicaid/PeachCare for Kids, SHBP, or BORHP).

### **Maintenance and Support**

### I. Intent

Throughout the term of the contract, Prime Contractor will provide the following software support services as part of the fees bid in Appendix L.

- Software support and error correction,
- Updates and enhancements,
- Support for third party systems, and
- Problem resolution.

### II. Performance Standards and Consequences

### A. Software Error Correction

Performance Standard: At no additional cost to DCH, Prime Contractor will use its best efforts to correct any reproducible errors. A reproducible error is defined as any problem that causes the software not to operate in accordance with its documentation or DCH program administration procedures. Prime Contractor will provide DCH a weekly report of the status of the correction of errors that have been identified by DCH, the Prime Contractor, its subcontractors, or any other entity.

### B. Software Support

Performance Standard: Prime Contractor's personnel will be available to DCH on a 24 hour per day, seven day per week (24/7) basis by phone and during normal business hours in person to answer questions regarding the use of the systems and to help DCH identify, verify, and resolve problems with the systems.

### C. Support for Updates and Enhancements

Performance Standard: Prime Contractor shall provide DCH with copies of any routine updates or enhancements to the systems that it may make and release on a general basis during the term of this contract. These updates and enhancements shall be made available to DCH at no additional cost during the term of the contract.

### D. Support for Third Party Systems

Performance Standard: Prime Contractor will act as the first line of support and will coordinate all support processes pertaining to the use of any third party software or hardware products used to support the scope of services defined in this RFP.

### E. Support for Problem Resolution

Performance Standard: For no additional cost, Prime Contractor will adhere to the following schedule (see table below) in resolving errors or problems with the systems as classified by DCH, including, but not limited to, responding to DCH within the indicated response time, and using best efforts to resolve the problem by the end of the resolution objective.

The consequences for failure to adhere to the following schedule and to provide expected levels of maintenance and support for all programs will equal liquidated damages of \$1,000 per day of delay for each feature not supported.

		ERRO	R RESOLUTION SCHEDULE
Priority	Response Time	Resolution Objective	Description
1	1/2 hour	8 hours	A Priority 1 error is defined as a reproducible fault in the system that causes an abnormal end of processing, substantially preventing routine production tasks from being performed, and for which no operational workarounds are available. The Prime Contractor will use its best efforts to correct the problem and will provide all appropriate resources twenty-four (24) hours per day, seven (7) days a week until the problem is successfully resolved.
2	8 hours	3 days	A Priority 2 error is defined as a reproducible fault in the system which substantially impacts production tasks, but for which effective operational workarounds may be employed. The Prime Contractor will use its best efforts to correct the problem. Further, while the problem is being corrected, the Prime Contractor will compensate for the problem using an appropriate operational workaround. The Prime Contractor will provide appropriate error correction resources up to twelve (12) hours per day, six (6) days a week until the problem is successfully resolved.
3	48 hours	Quarterly	A Priority 3 error is defined as a reproducible error that has a minor impact on production tasks and for which operational workarounds are easily employed. The Prime Contractor will address a problem of this severity as part of routine maintenance during normal business hours; while the problem is being corrected, the Prime Contractor will compensate for the problem using an appropriate operational workaround.

### **System Response Time**

### I. Intent

Throughout the term of the contract, Prime Contractor will assure the following system response times as part of the fees bid in Appendix L.

### II. Performance Standards and Consequences

A. Response Time Within The Same Subnet:

Average response time of less than four seconds

### B. Scheduled Downtime:

Four (4) hours or less per week, with scheduled downtime occurring on weekends

C. Unscheduled Downtime: One percent (1%) or less

Response Time to DCH and External Stakeholders	
	Average Minimum
From External Stakeholders for Real Time:	Performance Standard
<ul> <li>Health claims or equivalent encounter submission</li> </ul>	Less than 5 Seconds
(ASC X12N 837)	
■ Enrollment/disenrollment in health plan (ASC X12N 834)	Less than 5 Seconds
■ Eligibility for health plan (ASC X12N 270-271)	Less than 3 Seconds
■ Health claim status (ASC X12N 276-277)	Less than 3 Seconds
<ul> <li>Referral certification and authorization (ASC X12N 278)</li> </ul>	Less than 5 Seconds
<ul> <li>Batch claims or equivalent encounter submission</li> </ul>	For transactions submitted by
(ASC X12N 837), batch enrollment/disenrollment in health	5:00 pm Eastern time,
plan (ASC X12N 834), batch eligibility for health plan	response to 99 percent of
(ASC X12N 270-271), batch health claims status	transactions by 10:00 am
(ASC X12N 276-277), or batch referral certification and	eastern time the next business
authorization (ASC X12N 278)	day
From DCH/BOR Staff for Real Time:	
<ul> <li>Eligibility, authorization, or claims inquiries</li> </ul>	Less than 3 Seconds

With regard to measuring these response time standards, the following points apply:

- "Real time" and "batch" refer to the definitions of these terms in the HIPAA transaction standards.
- Response times shall be measured from the time a transaction is received by the Prime Contractor's (or its subcontractors') internal network to the time the Prime Contractor (or subcontractor) responds to the submitted transaction.
- Measured response time shall be based on the speed of response from within the Prime Contractor's (and its subcontractor's) internal network and connections to the Georgia Online (GO) network and to public transmission networks such as the Internet. Measured response time shall omit delays arising from transmission over the GO network or public networks such as the Internet.
- <u>"External Stakeholders"</u> are specifically to include DCH members and providers.
- The Prime Contractor is responsible for providing industry standard response time monitoring software for measuring response times within its own systems and network environment.

These standards will be measured on a weekly basis. The consequences for failure to adhere to the above response time standards will equal liquidated damages of \$2,000 per week for each standard not supported.

### System availability:

Minimum Performance Standard: Scheduled uptime (including

access by External Stakeholders via the GTA portal and by DCH staff via the GO network)

Monday through Friday 5:00
a.m. to 12:00 midnight eastern time, and Saturday and Sunday 8:00 a.m. to midnight eastern time, with less than 1% downtime during scheduled uptime.

This standard will be measured on a weekly basis. The consequences for failure to adhere to this system availability standard for all programs will equal liquidated damages of \$5,000 per week.

### Attachment 3

### **Appendix Q—BOR System Description**

### **BOR System Description**

### I. General Description

The Board of Regents of the University System of Georgia is headquartered in Atlanta, Georgia. The BOR consists of 34 campuses operating a variety of equipment that is connected to the Central Office via a wide area network (WAN known as PeachNet). Individual campuses input data, perform research, etc., using various types of personal computers. The current Third Party Administration (TPA) vendor, Blue Cross Blue Shield of Georgia (BCBSGA), is connected to the PeachNet WAN, which the campuses use for data entry. The connection is via a standard router passing the TCP/IP protocol.

The Prime Contractor and/or any applicable subcontractors must be able to connect to the PeachNet WAN using TCP/IP protocol.